

Health Benefits

Putting the pieces together to improve your health



EMPLOYEE AND RETIREE RATE SHEETS EFFECTIVE 01/01/2018 THRU 12/31/2018

MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES

Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$102.00	\$183.58	\$254.98
CAREFIRST BLUECROSS BLUESHIELD EPO	\$68.08	\$142.86	\$176.98
KAISER	\$63.52	\$133.28	\$165.14
UNITEDHEALTHCARE PPO	\$100.32	\$180.60	\$250.84
UNITEDHEALTHCARE EPO	\$68.48	\$142.42	\$169.82

MEDICAL - EMPLOYEE BI-WEEKLY PREMIUM RATES

Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$51.00	\$91.79	\$127.49
CAREFIRST BLUECROSS BLUESHIELD EPO	\$34.04	\$71.43	\$88.49
KAISER	\$31.76	\$66.64	\$82.57
UNITEDHEALTHCARE PPO	\$50.16	\$90.30	\$125.42
UNITEDHEALTHCARE EPO	\$34.24	\$71.21	\$84.91

PRESCRIPTION DRUG - MONTHLY PREMIUM RATES

EMPLOYEE	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
	\$45.08	\$59.90	\$74.80	\$90.14

PRESCRIPTION DRUG - BI-WEEKLY PREMIUM RATES

EMPLOYEE	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
	\$22.54	\$29.95	\$37.40	\$45.07

DENTAL - EMPLOYEE MONTHLY PREMIUM RATES

Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$6.82	\$11.90	\$13.68	\$19.20
UNITED CONCORDIA DPPO	\$11.64	\$22.24	\$23.26	\$43.60

DENTAL - EMPLOYEE BI-WEEKLY PREMIUM RATES

Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$3.41	\$5.95	\$6.84	\$9.60
UNITED CONCORDIA DPPO	\$5.82	\$11.12	\$11.63	\$21.80

MEDICAL - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES

Plan Name	Retiree Only	Retiree & Child or Retiree & Spouse	Retiree & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$102.00	\$183.58	\$254.98
CAREFIRST BLUECROSS BLUESHIELD EPO	\$68.08	\$142.86	\$176.98
KAISER	\$63.52	\$133.28	\$165.14
UNITEDHEALTHCARE PPO	\$100.32	\$180.60	\$250.84
UNITEDHEALTHCARE EPO	\$68.48	\$142.42	\$169.82

MEDICAL - RETIREE MONTHLY (WITH MEDICARE) PREMIUM RATES

Plan Name	Retiree Only With Medicare	Retiree + 1, 1 With Medicare	Retiree + 1, Both With Medicare	Retiree + 2, 1 With Medicare	Retiree + 2, 2 With Medicare	Retiree + 2 or More, All With Medicare	Retiree + 3 or More, at Least 1 Without Medicare
CAREFIRST BLUECROSS BLUESHIELD PPO	\$51.00	\$152.98	\$102.00	\$234.56	\$203.98	\$152.98	\$254.98
CAREFIRST BLUECROSS BLUESHIELD EPO	\$33.56	\$101.08	\$73.74	\$168.60	\$107.54	\$92.24	\$176.98
UNITEDHEALTHCARE PPO	\$50.16	\$150.48	\$100.32	\$230.76	\$200.66	\$150.48	\$250.84
UNITEDHEALTHCARE EPO	\$45.22	\$113.70	\$90.44	\$169.82	\$155.26	\$135.66	\$169.82

PRESCRIPTION DRUG - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES

CVS Caremark	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
	\$55.64	\$73.96	\$92.36	\$111.30

PRESCRIPTION DRUG - RETIREE MONTHLY (WITH MEDICARE) PREMIUM RATES

CVS Caremark	Retiree Only with Medicare	Retiree + 1, Retiree with Medicare	Retiree + 1, Dependent with Medicare	Retiree + 1, both with Medicare	Retiree + 2, Retiree with Medicare	Retiree + 2, Dependent with Medicare	Retiree + 2, 2 with Medicare	Retiree + 2 or more, all with Medicare	Retiree + 3 or more, Retiree with Medicare	Retiree + 3 or more, 1, 2, or 3 with Medicare
	\$40.04	\$70.38	\$73.26	\$66.38	\$95.68	\$95.68	\$81.64	\$80.08	\$95.68*	\$95.68**

*FAMILY COVERAGE RETIREE W/MEDICARE AND/OR OTHER DEPENDENTS W/MEDICARE

**FAMILY COVERAGE RETIREE NO MEDICARE AND 1 OR MORE DEPENDENTS W/MEDICARE

DENTAL - RETIREE MONTHLY PREMIUM RATES

Plan Name	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
DELTA DENTAL DHMO	\$6.82	\$11.90	\$13.68	\$19.20
UNITED CONCORDIA DPPO	\$11.64	\$22.24	\$23.26	\$43.60

TERM LIFE INSURANCE PREMIUM RATES

Age of Employee/Retiree	Bi-Weekly Employee/Retiree Rates (per \$1,000)	Monthly Employee/Retiree Rates (per \$1,000)	Age of Spouse	Bi-Weekly Spouse Rates (per \$1,000)	Monthly Spouse Rates (per \$1,000)
Under 30	\$0.017	\$0.034	Under 30	\$0.051	\$0.102
30 to 34	\$0.021	\$0.041	30 to 34	\$0.055	\$0.110
35 to 39	\$0.027	\$0.054	35 to 39	\$0.069	\$0.138
40 to 44	\$0.043	\$0.085	40 to 44	\$0.101	\$0.202
45 to 49	\$0.069	\$0.137	45 to 49	\$0.156	\$0.312
50 to 54	\$0.108	\$0.216	50 to 54	\$0.232	\$0.464
55 to 59	\$0.196	\$0.392	55 to 59	\$0.361	\$0.722
60 to 64	\$0.277	\$0.553	60 to 64	\$0.553	\$1.106
65 to 69	\$0.413	\$0.826	65 to 69	\$0.804	\$1.608
70 to 74	\$0.740	\$1.480	70 to 74	\$1.264	\$2.528
75 to 79	\$1.030	\$2.060	75 to 79	\$1.264	\$2.528
80 and older	\$1.030	\$2.060	80 and older	\$1.264	\$2.528

Dependent Child Coverage is \$0.078 per \$1,000 per bi-weekly pay period; \$0.156 per \$1,000 per month.

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES

Plan Coverage Level	Employee Only Bi-Weekly Rates	Employee + Family Bi-Weekly Rates	Employee Only Monthly Rates	Employee + Family Monthly Rates
\$100,000	\$0.75	\$1.40	\$1.50	\$2.80
\$200,000	\$1.50	\$2.80	\$3.00	\$5.60
\$300,000	\$2.25	\$4.20	\$4.50	\$8.40

